MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 2-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14445

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rock Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) MAY (Last) BAILEY

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 19 52

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: May 8, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): West Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Johnson

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Richard Bailey, Rock Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X
Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 1-5 2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertensive Heart
DUE TO (c) Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-, 52, to 12-9, 19 52, that I last saw the deceased alive on 12-9, 19 52, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE E. Madelen M.D. (DEGREE OR TITLE) ADDRESS Parksley Va. DATE SIGNED 12-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12/11/52

NAME OF CEMETERY OR CREMATORY Pongoteague Baptist

LOCATION (City, town, or county) (State) Pongoteague Md.

DATE REC'D BY LOCAL REG. 12/11/52

REGISTRAR'S SIGNATURE Julia H. Bailey

24. FUNERAL DIRECTOR Hurtt & Ryon, Wachapreague, Md. ADDRESS

RECEIVED
DEC 15
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14446

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chapicoma Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grayton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) R. (Last) Beckwith

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Govt. Building
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas A. Beckwith
14. MOTHER'S MAIDEN NAME: Maggie E. Rhine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: J. A. Moore, Grayton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450X

Immediate cause (a) General Visceral Failure — INTERVAL BETWEEN ONSET AND DEATH: 5-6-52
DUE TO
Antecedent cause(s) (b) Gen. Art Sclerosis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6 1952, to 12-14 1952, that I last saw the deceased alive on 12-14 1952, and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (DEGREE OR TITLE) Md ADDRESS La Plata Md DATE SIGNED 12-15-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/16/52
NAME OF CEMETERY OR CREMATORY Union
LOCATION (City, town, or county) (State) Burtonsville, Md.

DATE REC'D BY LOCAL REG. 12/16/52
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

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DEC 19 1950
BUREAU V. S.

Film B150, Item #9
1/9/53, mmk

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14447

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryantown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) S. (Last) BOWLING

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: May 10, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Chas. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: John W. McPherson

14. MOTHER'S MAIDEN NAME: Mary M. Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: W. H. Bowling, Bryantown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	5 MINS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertensive Arteriosclerotic Cardiovascular Disease	5 YEARS
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obstructive Jaundice due to Common Bile Duct Stone

19a. DATE OF OPERATION: 12-23-52

19b. MAJOR FINDINGS OF OPERATION: Chronic Cholecystitis & Choledocholithiasis; Hepatic Cirrhosis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1952, to Dec. 25, 1952, that I last saw the deceased alive on Dec. 25, 1952, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Warren Barber, M.D. La Plata, Md. Dec. 26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-29-52 — NAME OF CEMETERY OR CREMATORY: St. Mary's — LOCATION (City, town, or county) (State): Bryantown, Md.

DATE REC'D BY LOCAL REG. 12/26/52 — REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR ADDRESS: Hewett & Ryon, Waldorf, Md.

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DEC 29 19
BUREAU V. S.

14448

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton
LENGTH OF STAY (in this place) en route
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mun Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS 125 - (If rural, give location) 7th St. S.E.

3. NAME OF DECEASED (Type or Print) (First) KARL (Middle) DAVID (Last) BROMAN
4. DATE OF DEATH (Month) 12 (Day) 24 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 11-10-99
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept Const.
10b. KIND OF BUSINESS OR INDUSTRY Engineer Constr.
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME BROMAN
14. MOTHER'S MAIDEN NAME Unknown BROMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS ESTER BROMAN 125 7th St. DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816.4

Immediate cause (a) Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH 12-24-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2 car collision (he was driver)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 301 Highway (CITY OR TOWN) Bel Alton (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 24 (Year) 52 (Hour) 7 P.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? 2 car collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Redelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 12-24-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 12/25/1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. 12/25/52
REGISTRAR'S SIGNATURE Julia H. Vasey
24. FUNERAL DIRECTOR J. Wm Lee Sons Co ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 29 1952
BUREAU V. S.

14449

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Roseann (Last) Buckler
4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH March 28-51
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during ~~most of working life, even if retired~~)
10b. KIND OF BUSINESS OR ~~INDUSTRY~~
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? NS

13. FATHER'S NAME Henry Lawrence Buckler
14. MOTHER'S MAIDEN NAME Marguerite Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give whr. or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Henry Lawrence Buckler Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Enteritis	12-18-52
571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Toxemia	12-20-52
	(c) Aspiration of Stomach Contents	12-20-52

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical examiner, 19 ~~that I~~ last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE J. Adelen (Degree or title) MD ADDRESS La Plata Md DATE SIGNED 12-28-52

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 12-23-52
NAME OF CEMETERY OR CREMATORY St Marys
LOCATION (City, town, or county) Brigantown (State) Md

DATE REC'D BY LOCAL REG. 12/29/52
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryon Waldoy ADDRESS Md

M

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VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 31 19
BUREAU V. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 4451

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 4-46

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) La Plata

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Cooksey

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 21, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
				yrs.	Months	Days	Hours	Min.
Male	white	single	Dec. 20, 1952	/		1	34	40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	Infant	La Plata, Md.	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Howard Rudolph Cooksey	Dorothy Ann Bay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Howard R. Cooksey, Spring Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

774X

Immediate cause (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 15 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) immaturity – 26 wks gestation

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 20 Dec., 1952, to 21 Dec., 1952, that I last saw the deceased alive on 21 Dec., 1952, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS La Plata, Md. DATE SIGNED 21 Dec 52.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-23-52	Dentsville	Dentsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/23/52	Julia H. Posey	Huntt & Ryon, Waldorf, Md.	

20V2281260

DEC 29 19
BUREAU V. S.

14451

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Courlie Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Courlie Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) Charles (Last) Wright
4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 19 52
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: 1-1-11
9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Charles Co Md
12. CITIZEN OF WHAT COUNTRY: US
13. FATHER'S NAME: Lawrence Wright
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: Owner Self

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

3 or 4 Immediate cause (a) Septic Cardiac Failure — 12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Edema of Larynx — 12 hrs
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible] | (CITY OR TOWN) [illegible] (COUNTY) Chas (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 12-31-52 | NAME OF CEMETERY OR CREMATORY St Mary | LOCATION (City, town, or county) Bryantown (State) Md

DATE REC'D BY LOCAL REG. 12/29/52 | REGISTRAR'S SIGNATURE M L Thomas | 24. FUNERAL DIRECTOR Lunt & Gonwaedoy | ADDRESS Md

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH

County: Charles

City or town: Port Tobacco (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Port Tobacco Md (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME James Arthur Gray

3.(b) Social Security Number No

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Margaret Gray

June 10, 1884 6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1873

8. AGE: Years 79 Months — Days — If less than one day ... hrs. ... min.

9. Birthplace: Port Tobacco Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Alexander Gray

13. Birthplace: Nanjemoy, Md.

MOTHER

14. Maiden name: Jane Love Young

15. Birthplace: Port Tobacco, Md

16. Informant: Mrs James Gray

Address: Port Tobacco

17. Burial (Burial, cremation, or removal Which?) Date thereof Dec 28, 1952 (month) (day) (year)

Cemetery or crematory: Durham

Location: Ironsides, Md

18. Funeral director: Hunt & Ryon

Address: Waldorf

19. 12/26/52 19 (Date rec'd by registrar) Julia H. Pose Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1952 at 11:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1950, to Dec. 52 1952 and that I last saw him alive on Dec. 24 1952

Immediate cause of death: Cardio-renal

Due to

Due to

Other conditions: 442X (Include pregnancy within 3 months of death)

DURATION

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE George C. Bicknell, Mtr. M. D. or other

Address Marbury Md Date signed Dec 26 1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem La Plata

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE HARTFORD COUNTY CONN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RONALD (Middle) (Last) HAMPTON
4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 1952
5. SEX M
6. COLOR OR RACE C
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH March 1950
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Hartford Conn
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Robert Harris
14. MOTHER'S MAIDEN NAME Alice Hampton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Ellis Hampton Uncle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.4 Immediate cause (a) FRACTURED NECK — 12-20-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 301 (CITY OR TOWN) BELALTON (COUNTY) CHAS (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 12 20 52 7A
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? 2 car head on collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 12-20-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF 12-24-52 NAME OF CEMETERY OR CREMATORY North Wood LOCATION (City, town, or county) Hartford Conn (State)

DATE REC'D BY LOCAL REG. 12/22/52 REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

DEC 29 1
BUREAU V. £

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 45

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Chas. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Victoria
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Harris

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Jan. 4, 1884

9. AGE last birthday: 68 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Chas Co, Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry Harris

14. MOTHER'S MAIDEN NAME: Mary Eddie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Louise Harris, Mt. Victoria, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive Heart Failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1952, to 12/17, 1952, that I last saw the deceased alive on 12/17, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Richard Daly (DEGREE OR TITLE) M.D. ADDRESS La Plata, Md. DATE SIGNED 12/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/20/52 | NAME OF CEMETERY OR CREMATORY Shiloh | LOCATION (City, town, or county) Akenburg (State) Md

DATE REC'D BY LOCAL REG. 12/18/52 | REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Hewitt & Ryon, Waldorf, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mens

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) A (Last) HINTON

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1952

5. SEX: Male.
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: mch 5-1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Sig
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY? Wh

13. FATHER'S NAME: William Hinton
14. MOTHER'S MAIDEN NAME: Deborah Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Lawrence Brawner Sorrento Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a)	Coronary thrombosis	48 hrs
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerosis, senile degeneration.	4 years.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right hip. 7 days.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE — (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to 21 Dec, 1952, that I last saw the deceased alive on 21 Dec, 1952, and that death occurred at 11:20 A.m., from the causes and on the date stated above.

SIGNATURE S B Woodley. (DEGREE OR TITLE) M.D. ADDRESS La Plata. Md. DATE SIGNED 21 Dec 52.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF 12-23-52 NAME OF CEMETERY OR CREMATORY Union Cemetery LOCATION (City, town, or county) Alexandria Va (State)

DATE REC'D BY LOCAL REG. 12/21/52 REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Roy Waldoy Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

105

Reg. Dist. No. 106

1. PLACE OF DEATH COUNTY: Charles — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): White Plains — LENGTH OF STAY (in this place): 46 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Charles.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): White Plains
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) Nordean (Last) Jackson
4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 4, 1880
9. AGE last birthday: 72-70 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Powder Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Tb. Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Robert Jackson
14. MOTHER'S MAIDEN NAME: Not Known.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mrs. Alfred N. Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Immed.

400.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to Dec, 1952, that I last saw the deceased alive on Dec. 1, 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank G. Susan M.D. Indian Head Maryland December 4, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/5/52 — NAME OF CEMETERY OR CREMATORY: Union Beth A.M.E. Church — LOCATION (City, town, or county) (State): Tb. Maryland

DATE REC'D BY LOCAL REG.: 12-4-52 — REGISTRAR'S SIGNATURE: M. E. Ransome — 24. FUNERAL DIRECTOR: Rollins Funeral Directors, 4339 Hunt Pl. N.E. Washington D.C.

Deputy Local Registrar
M. E. Monroe-cm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

for Medical Examiners.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Chas.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Isabella (Middle) (Last) Mitchell

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1952

5. SEX: F

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 6, 1902

9. AGE last birthday: 50 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Chas. County

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Henry Butler

14. MOTHER'S MAIDEN NAME: Sarah Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-22-0817

17. INFORMANT AND ADDRESS: Eva Joyner Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure.

454.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from child not died not, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at probably about 3 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard Daly M.D. La Plata, Md. 12/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-19-52 | NAME OF CEMETERY OR CREMATORY: St Johns | LOCATION (City, town, or county) (State): Hughesville Md

DATE REC'D BY LOCAL REG. 12/16/52 | REGISTRAR'S SIGNATURE: Julia H. Casey | 24. FUNERAL DIRECTOR ADDRESS: Hewitt & Gross

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MANIE (Middle) FERGUSON (Last) Mitchell

4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: Oct. 3, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Charles Co., Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Hanson Mitchell
14. MOTHER'S MAIDEN NAME: Eliza J. C. Jenifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Charlotte M. Wardlaw 1705 Surrey Lane Foxhall Village Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490X

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 min.

DUE TO

Antecedent cause(s) (b) pneumonia, lobar — 10 days

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 11 Dec, 1952, that I last saw the deceased alive on 11 Dec, 1952, and that death occurred at 12:11 A.m., from the causes and on the date stated above.

SIGNATURE S. Woodley (DEGREE OR TITLE) A.B., M.D. ADDRESS La Plata. Md. DATE SIGNED 11 Dec 52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/13/52
NAME OF CEMETERY OR CREMATORY Mt. Rest
LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 12/11/52
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Huntt + Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14459

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) DOLOR (Middle) Eugene (Last) Murphy

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Sept. 23, 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Murphy
14. MOTHER'S MAIDEN NAME: Catherine Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Lillian J. Murphy, Bel Alton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 12-1-52

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950 to 12-1, 1952 that I last saw the deceased alive on 10-6, 1952, and that death occurred at 24 m., from the causes and on the date stated above.

SIGNATURE E. C. Edelen M.D. (DEGREE OR TITLE) ADDRESS La Plata Md DATE SIGNED 12-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12-4-52
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) La Plata, Md. (State)

DATE REC'D BY LOCAL REG. 12/3/52
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Huntt + Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 5 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 460

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-11

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) RAYMOND (Middle) E. (Last) PICKERAL

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: Mar. 21, 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor Foreman State Rds.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Marcellus Pickeral

14. MOTHER'S MAIDEN NAME: Anna Rabey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Margaret Coppage, Waldorf, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
443.X
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hypertensive Heart
DUE TO
(c) Disease

INTERVAL BETWEEN ONSET AND DEATH: 1-6-52

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 1952, to 12-15, 1952, that I last saw the deceased alive on 12-15, 1952, and that death occurred at 0230 P m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (DEGREE OR TITLE) M D ADDRESS La Plata Md DATE SIGNED 12-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12/17/52 — NAME OF CEMETERY OR CREMATORY Oakland — LOCATION (City, town, or county) (State) Waldorf Md

DATE REC'D BY LOCAL REG. 12/16/52 — REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Huntt + Ryon, ADDRESS Waldorf Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY St. Marys

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Edward (Last) Plater

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: March 4, 1911

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Plater

14. MOTHER'S MAIDEN NAME: Ida Woodland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Louise Plater, Charlotte Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12-24-52

DUE TO

Antecedent cause(s) (b) Hypertensive Heart — ??

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7:50 P.m. from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS La Plata Md DATE SIGNED 12/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1-2-53

NAME OF CEMETERY OR CREMATORY St. Marys

LOCATION (City, town, or county) (State) Bryantown, Md.

DATE REC'D BY LOCAL REG. 12/31/52

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1462

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thyc Mem.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Malcolm Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) (Last) Proctor
4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 19[illegible]

5. SEX F.
6. COLOR OR RACE C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH Aug 12-1932
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) [illegible] Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Queen
14. MOTHER'S MAIDEN NAME Louise Savoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS William Queen, [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

824.4 Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of uterus

(c) Eighth month of gestation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street
(CITY OR TOWN) Waldorf (COUNTY) Chas. (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 14 (Year) 52 (Hour) 8 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Thrown from car in accident

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Richard [illegible] (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 12/14/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF 12-17-52 NAME OF CEMETERY OR CREMATORY St Catherines LOCATION (City, town, or county) McConchie Md (State)

DATE REC'D BY LOCAL REG. 12/16/52 REGISTRAR'S SIGNATURE Julia H. Casey
24. FUNERAL DIRECTOR Hunt H & Son ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A134

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Thomas (Last) POSEY

4. DATE OF DEATH: (Month) DEC (Day) 17 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: US-W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Mar 25, 1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ashel Posey
14. MOTHER'S MAIDEN NAME: Cordelia —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Elwood Posey, Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlussion.	3½ hr.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arotic insuficiency	1½ years
	DUE TO (c) hypertension and dilitation of the heart.	about 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 17 Dec, 1952, that I last saw the deceased alive on 17 Dec, 1952, and that death occurred at 9:40 P.m., from the causes and on the date stated above.

SIGNATURE S Woodley. (DEGREE OR TITLE) M.D ADDRESS La Plata. Md. DATE SIGNED 17 Dec 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/20/52
NAME OF CEMETERY OR CREMATORY Woodline
LOCATION (City, town, or county) Woodbine, Va. (State)

DATE REC'D BY LOCAL REG. 12/18/52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Huntt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. AIBA

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — LENGTH OF STAY (In this place) 2 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
   STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LARRY (Middle) Steve (Last) SWANN

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 52

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept 13-1950

9. AGE last birthday: 2 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Waldorf Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Herman Swann

14. MOTHER'S MAIDEN NAME: Mary Hazel Swann Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mary Hazel Swann Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812.0 **Immediate cause** (a) Fractured Skull — Interval between onset and death: 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hit by truck (Pedestrian) — 12 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rt 5 Road — (CITY OR TOWN) Zerry — (COUNTY) Charles — (STATE) Md

TIME OF INJURY: (Month) 12 (Day) 29 (Year) 52 (Hour) 1 m.

INJURY OCCURRED: While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Pedestrian hit by truck

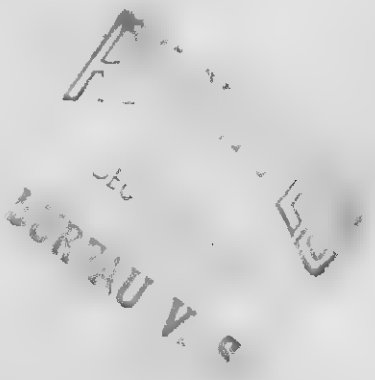
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. A. Fidler (Degree or title) M. D. ADDRESS: Lot Md DATE SIGNED: 12-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 12/31/52 — NAME OF CEMETERY OR CREMATORY: St Peters — LOCATION (City, town, or county): Medoy — (State): Md

DATE REC'D BY LOCAL REG.: 12/31/52 — REGISTRAR'S SIGNATURE: M. L. Thomas

24. FUNERAL DIRECTOR: Thomas A Byrne — ADDRESS: Waldorf Md



MARYLAND STATE DEPARTMENT OF HEALTH 14475

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Waldorf — LENGTH OF STAY (In this place) On route
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 400-N-32nd St

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) J (Last) SWANN
4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 19 52
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 9-15-12
9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: Sales
11. BIRTHPLACE (State or foreign country): CHAS Co
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: RAYMOND SWANN
14. MOTHER'S MAIDEN NAME: EDITH Swann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: Not Known
17. INFORMANT AND ADDRESS: LAURE SWANN (WIFE)

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
819.4 Immediate cause	(a) CRUSHED CHEST	12-27-52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) AUTO ACCIDENT (DRIVER)	12-27-52
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 301 | (CITY OR TOWN) Waldorf | (COUNTY) Chas | (STATE) Md
TIME OF INJURY (Month) 12 (Day) 27 (Year) 52 (Hour) 1 Am. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? deceased driving when he hit cement sign

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Edelen M.D. (Degree or title) ADDRESS La Plata, Md DATE SIGNED 12 29 52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Jan 2-1953 | NAME OF CEMETERY OR CREMATORY Marrs | LOCATION (City, town, or county) Phoenixville (State) Pa.
DATE REC'D BY LOCAL REG. 12/29/52 | REGISTRAR'S SIGNATURE [illegible] | FUNERAL DIRECTOR'S ADDRESS Smith & Son Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH

14466

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O. Bryans Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey
STREET ADDRESS (If rural, give location) P.O. Bryans Road

3. NAME OF DECEASED (Type or Print) (First) Lucille (Middle) (Last) Tyler

4. DATE OF DEATH (Month) (Day) (Year) December 30 1952

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Private Home
11. BIRTHPLACE (State or foreign country) Pontiac, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Scott
14. MOTHER'S MAIDEN NAME Sally Henson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Cordelia Newman (Niece) Bryans Road Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 Immediate cause (a) Massive Burns entire body result of — Interval Between Onset and Death: Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Conflagration (Home burned to ground)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None (Deceased was partial Invalid x had been bed fast 2 wks)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Pomonkey (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) DEC-30, 1952 9A 30 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? House caught fire probable defective Chimney

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank L. Susan M.D. (Degree or title) ADDRESS Indian Head, Md DATE SIGNED 12-30-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-1-53
NAME OF CEMETERY OR CREMATORY Metropolitan M.E.
LOCATION (City, town, or county) Pomonkey (State) Md

DATE REC'D BY LOCAL REG. 12/31/52
REGISTRAR'S SIGNATURE Julia H. Vasey
24. FUNERAL DIRECTOR ~~Mathews & Barnes~~, ~~Washington D.C.~~ ADDRESS Hunt & Ryan Waldorf Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JAN 6
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14467

M

1

VS. A16 8-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Maurice (Middle) Wilton (Last) Wheeler

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Sept. 28, 1918
9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carrier
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (State or foreign country): Charles Co, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James H. Wheeler
14. MOTHER'S MAIDEN NAME: Myrtle Speak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Elsie Wheeler, Marbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592X

Immediate cause (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 7-52

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1952, to 12-31, 1952, that I last saw the deceased alive on 12-28, 1952, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE E. Edelen (DEGREE OR TITLE) MD ADDRESS La Plata Md DATE SIGNED 12-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12-30-52
NAME OF CEMETERY OR CREMATORY Chicamuxen M.E.
LOCATION (City, town, or county) (State) Chicamuxen, Md.

DATE REC'D BY LOCAL REG. 12/29/52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Ryan, W ADDRESS

RECEIVED
DEC 31
BUREAU V. S.